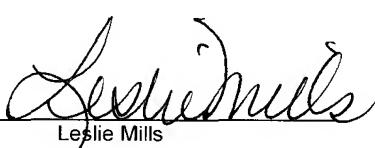
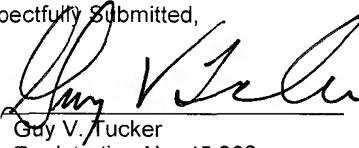


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Schuler et al.	Group Art Unit: 3731
Application No: 10/601,127	Examiner: Darwin P. Erizo
Confirmation No: 5998	Attorney Docket No: NK.0047.10
Filed: June 19, 2003	
Title: SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS	June 6, 2008 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
<b>Papers Electronically Filed:</b>  <input checked="" type="checkbox"/> Response to Final Office Action dated 03/06/08 <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
		\$120.00	\$60.00
	<input type="checkbox"/> One Month	<input type="checkbox"/> Two Months	<input type="checkbox"/> Three Months
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	26	52	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	6	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
						<b>Total \$ 0.00</b>

<b>Fee Payment</b>	<b>Fee Deficiency</b>
Extension Fees \$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or
Fee for Extra Claims \$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, California 94107
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. '1.8a):</b>	
I hereby certify that this correspondence is being electronically filed, on the date shown below.	Respectfully Submitted,
By:  Leslie Mills	By:  Guy V. Tucker Registration No. 45,302
Date: June 6, 2008	Date: June 6, 2008